

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Health Care Association Political Action Committee

ADDRESS (number and street)

1201 L Street, NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00006080

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☒ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Leonard Russ

Signature of Treasurer

Mr. Leonard Russ

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

### FEC FORM 3X

Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		01		2011

To:

M M	/	D D	/	Y Y Y Y Y
10		31		2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>Y Y Y Y Y 2011</div>		<div>110057.22</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>245270.47</div>	
(c) Total Receipts (from Line 19) .....	<div>75635.02</div>	<div>850848.27</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>320905.49</div>	<div>960905.49</div>
7. Total Disbursements (from Line 31) .....	<div>4500.00</div>	<div>644500.00</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<div>316405.49</div>	<div>316405.49</div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	1		2	0	1	1		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		3	1		2	0	1	1		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	68483.97	753635.78
(ii) Unitemized .....	7151.05	72925.49
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	75635.02	826561.27
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	24287.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	75635.02	850848.27
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	75635.02	850848.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	75635.02	850848.27

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	644500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4500.00	644500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4500.00	644500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	75635.02	850848.27
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	75635.02	850848.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 60

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stacie Aman**

Mailing Address 5124 27th Rd N

City  
Arlington

State Zip Code  
VA 22207-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Health Care Association

Occupation  
Senior Director, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2011

**Transaction ID : C1453174**

Amount of Each Receipt this Period

284.00

Full Name (Last, First, Middle Initial)

**B. Coral Teresa Andrews**

Mailing Address 932 Ward Ave  
Ste 430

City  
Honolulu

State Zip Code  
HI 96814-2126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Association of Hawaii

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2011

**Transaction ID : C1422541**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Ron Arrison**

Mailing Address 4088 N Lake Forest Dr

City  
Memphis

State Zip Code  
TN 38128-2412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
King's Daughters & Sons Home

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 04 / 2011

**Transaction ID : C1423468**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

484.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 60

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert Asztalos**

Mailing Address 5013 Centennial Oak Circle

City

Tallahassee

State

FL

Zip Code

32308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Asztalos & Associates

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

687.50

Date of Receipt

10 / 06 / 2011

Transaction ID : C1426124

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Robert Asztalos**

Mailing Address 5013 Centennial Oak Circle

City

Tallahassee

State

FL

Zip Code

32308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Asztalos & Associates

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

687.50

Date of Receipt

10 / 27 / 2011

Transaction ID : C1454767

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Gary Attman**

Mailing Address 8028 Ritchie Highway

City

Pasadena

State

MD

Zip Code

21122-1069

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FutureCare Health & Mgmt.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

10 / 25 / 2011

Transaction ID : C1452550

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1475.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Harry Baum**

Mailing Address 8300 NW Eastside Drive

City State Zip Code  
Weatherby Lake MO 64152

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sharon Lake Nursing Home

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1787.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2011

**Transaction ID : C1433138**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Brad Bedell**

Mailing Address 731 North Main

City State Zip Code  
Sikeston MO 63801-1210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Facilities Management

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2011

**Transaction ID : C1433142**

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**C. Elton Beebe Jr.**

Mailing Address 1308 Bruton Springs Road

City State Zip Code  
Austin TX 78733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Louisiana Extended Care Centers

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2011

**Transaction ID : C1498632**

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2750.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lyn Bentley**

Mailing Address 2212 Hidden Valley Ln

City State Zip Code  
Silver Spring MD 20904-5240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Health Care Association

Occupation  
Director, Regulatory

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 03 / 2011

**Transaction ID : C1423872**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Lyn Bentley**

Mailing Address 2212 Hidden Valley Ln

City State Zip Code  
Silver Spring MD 20904-5240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Health Care Association

Occupation  
Director, Regulatory

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 19 / 2011

**Transaction ID : C1450718**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Jim Birchem**

Mailing Address 920 4th Street, SE

City State Zip Code  
Little Falls MN 56345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eldercare of Minnesota

Occupation  
President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

10 / 06 / 2011

**Transaction ID : C1426155**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

140.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 60

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Linda Black-Kurek**

Mailing Address 7445 Liberty Woods Lane

City State Zip Code  
Dayton OH 45459-3911

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LBK Healthcare, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2011

**Transaction ID : C1451311**

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**B. Ashley Blankenship**

Mailing Address 1306 S. Donaghey

City State Zip Code  
Conway AR 72034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Blankenship Management, Co.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2011

**Transaction ID : C1422514**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Stuart Brown**

Mailing Address 909 S 336th St  
Ste 200

City State Zip Code  
Federal Way WA 98003-7394

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Village Concepts Inc.

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2011

**Transaction ID : C1433144**

Amount of Each Receipt this Period

333.34

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1683.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Christopher R. Bryson**

Mailing Address 1626 Jeurgens Court

City State Zip Code  
Norcross GA 30096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UHS-Pruitt Corporation, Inc.

Occupation  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2011

**Transaction ID : C1433145**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jim Burkhart**

Mailing Address 6900 Gray Rd

City State Zip Code  
Indianapolis IN 46237-3209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Senior Communities

Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 24 / 2011

**Transaction ID : C1451973**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Douglas Burr**

Mailing Address 1185 Wilde Run Court

City State Zip Code  
Roswell GA 30075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cypress Administrative Services, LLC

Occupation  
VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2087.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2011

**Transaction ID : C1422534**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Douglas Burr**

Mailing Address 1185 Wilde Run Court

City State Zip Code  
 Roswell GA 30075

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Cypress Administrative Services, LLC

Occupation  
 VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2087.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 06 2011

Transaction ID : C1426149

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Douglas Burr**

Mailing Address 1185 Wilde Run Court

City State Zip Code  
 Roswell GA 30075

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Cypress Administrative Services, LLC

Occupation  
 VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2087.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 17 2011

Transaction ID : C1433612

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

**C. Teresa Cagnolatti**

Mailing Address 2201 Wilson Blvd  
 Apt 620

City State Zip Code  
 Arlington VA 22201-3384

FEC ID number of contributing federal political committee.

C

Name of Employer  
 American Health Care Association

Occupation  
 Director, Govt Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 17 2011

Transaction ID : C1433957

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

625.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 60

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Karen H. Chadderton**

Mailing Address 4 Wagon Road

City  
Enfield

State  
CT

Zip Code  
06082-5639

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Riverside Health Rehabilitation

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 06 / 2011

Transaction ID : C1426100

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Robert M. Chur**

Mailing Address Elderwood Senior Care  
7 Limestone Drive

City

Williamsville

State

NY

Zip Code

14221-7051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Elderwood Affiliates Inc

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

10 / 25 / 2011

Transaction ID : C1454762

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. RaeAnne Davis**

Mailing Address 9801 La Duke Drive

City

Kensington

State

MD

Zip Code

20895

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Chief Strategic Officer & Senior VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

10 / 31 / 2011

Transaction ID : C1454366

Amount of Each Receipt this Period

900.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jonathan P Dolan**

Mailing Address 9206 State Route 6

City State Zip Code  
 Lohman MO 65053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Missouri Health Care Association

Occupation  
 Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 06 2011

**Transaction ID : C1426104**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Marcia Dooner**

Mailing Address 904 Meadow Ave

City State Zip Code  
 Shoreview MN 55126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Parkinson's Specialty Care

Occupation  
 Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 04 2011

**Transaction ID : C1423469**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Anthony Durante**

Mailing Address 26 North Broadway

City State Zip Code  
 Schenectady NY 12305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 DMN Management Services

Occupation  
 Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 17 2011

**Transaction ID : C1433964**

Amount of Each Receipt this Period

625.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1225.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 60

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gregory J. Elliot**

Mailing Address 240 Capitol Street

City

Charleston

State

WV

Zip Code

25301-2297

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMFM, Inc.

Occupation

IT Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4166.68

Date of Receipt

10 / 19 / 2011

Transaction ID : C1450716

Amount of Each Receipt this Period

416.66

Full Name (Last, First, Middle Initial)

**B. Mitchell S. Elliott**

Mailing Address 20220 Harney Street

City

Elkhorn

State

NE

Zip Code

68022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vetter Health Services

Occupation

Chief Development Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 03 / 2011

Transaction ID : C1422512

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Teresa Eyt**

Mailing Address 10009 Dallas Ave

City

Takoma Park

State

MD

Zip Code

20901-2240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Director, Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 03 / 2011

Transaction ID : C1423873

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

936.66

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 60

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Teresa Eyet**

Mailing Address 10009 Dallas Ave

City

Takoma Park

State

MD

Zip Code

20901-2240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Director, Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 19 / 2011

Transaction ID : C1450719

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. Patrick Foret**

Mailing Address 112 Cameron Ct

City

Slidell

State

LA

Zip Code

70461-5704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Trinity Neurologic Rehabilitation Cent

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 06 / 2011

Transaction ID : C1426162

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. Kit E. Gamble**

Mailing Address PO Box 52389

City

Shreveport

State

LA

Zip Code

71135-2389

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gamble Guest Care Corporation

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

10 / 20 / 2011

Transaction ID : C1452024

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1620.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lisa Ann Gelhaus**

Mailing Address 4000 Tunlaw Rd., NW #710

City State Zip Code  
Washington DC 20007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Center for Assisted Living

Occupation

Public Affairs Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2011

**Transaction ID : C1433965**

Amount of Each Receipt this Period

27.50

Full Name (Last, First, Middle Initial)

**B. Lisa Ann Gelhaus**

Mailing Address 4000 Tunlaw Rd., NW #710

City State Zip Code  
Washington DC 20007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Center for Assisted Living

Occupation

Public Affairs Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2011

**Transaction ID : C1454365**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Patricia Giorgio**

Mailing Address 4702 Chestnut Ridge NE

City State Zip Code  
Cedar Rapids IA 52411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Evergreen Estates

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2011

**Transaction ID : C1422526**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

252.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Patricia Giorgio**

Mailing Address 4702 Chestnut Ridge NE

City State Zip Code  
 Cedar Rapids IA 52411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Evergreen Estates

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2011

**Transaction ID : C1426144**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. James Gomez**

Mailing Address 2201 K Street

City State Zip Code  
 Sacramento CA 95816-4922

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CA Association of Health Facilities

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2011

**Transaction ID : C1433966**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Don Gormly**

Mailing Address 17011 Beach Blvd  
 Ste 1130

City State Zip Code  
 Huntington Beach CA 92647-7402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anberry Rehab Hosp

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2011

**Transaction ID : C1433968**

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 60

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ronald Goux**

Mailing Address 2045 Highway 59  
PO Box 1429

City State Zip Code  
Mandeville LA 70448-1909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gulf South Medical Enterprises

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2011

**Transaction ID : C1426117**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Tim Graves**

Mailing Address 4214 Medical Parkway  
Suite 300

City State Zip Code  
Austin TX 78756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Texas Health Care Association

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 04 / 2011

**Transaction ID : C1423482**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Zach Gray**

Mailing Address 4922 LaSalle Road

City State Zip Code  
Hyattsville MD 20782

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Thomas More Nursing and Rehabilita

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2011

**Transaction ID : C1449173**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Pamela Griffin**

Mailing Address 1120 Walnut St

City

North Bend

State

NE

Zip Code

68649-5012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Celebrate LIFE, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 17 / 2011

Transaction ID : C1433970

Amount of Each Receipt this Period

332.00

Full Name (Last, First, Middle Initial)

## **B. Howard Groff**

Mailing Address 11337 Louisiana Circle

City

Bloomington

State

MN

Zip Code

55438

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tealwood Care Centers Inc

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

10 / 17 / 2011

Transaction ID : C1433976

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

## **C. Jennifer Hahs**

Mailing Address 900 N Randolph St  
Apt 1927

City

Arlington

State

VA

Zip Code

22203-4082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Manager, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.20

Date of Receipt

10 / 03 / 2011

Transaction ID : C1423879

Amount of Each Receipt this Period

4.40

**SUBTOTAL** of Receipts This Page (optional)..... ►

1586.40

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jennifer Hahs**

Mailing Address 900 N Randolph St  
Apt 1927

City State Zip Code  
Arlington VA 22203-4082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Health Care Association

Occupation  
Manager, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2011

**Transaction ID : C1450723**

Amount of Each Receipt this Period

4.40

Full Name (Last, First, Middle Initial)

**B. Jennifer Hahs**

Mailing Address 900 N Randolph St  
Apt 1927

City State Zip Code  
Arlington VA 22203-4082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Health Care Association

Occupation  
Manager, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2011

**Transaction ID : C1454364**

Amount of Each Receipt this Period

191.00

Full Name (Last, First, Middle Initial)

**C. Gerald Hamilton**

Mailing Address 7612 Rio Penasco Court NW

City State Zip Code  
Albuquerque NM 87120-5315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
R&G Healthcare Management

Occupation  
Owner/Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 04 / 2011

**Transaction ID : C1423459**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

295.40

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Gerald Hamilton**

Mailing Address 7612 Rio Penasco Court NW

City State Zip Code  
Albuquerque NM 87120-5315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
R&G Healthcare Management

Occupation  
Owner/Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2011

**Transaction ID : C1433978**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Bill Hartung**

Mailing Address 1210 Massachusetts Avenue, NW  
#407

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Health Care Association

Occupation  
Vice President, Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2011

**Transaction ID : C1423877**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

## **C. Bill Hartung**

Mailing Address 1210 Massachusetts Avenue, NW  
#407

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Health Care Association

Occupation  
Vice President, Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2011

**Transaction ID : C1450721**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

270.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steve Hatlestad

Mailing Address 18705 West 153rd Terrace

City State Zip Code  
Olathe KS 66062-3189

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Americare Systems Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2011

Transaction ID : C1426150

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Donna Hendricksen

Mailing Address SavaSenior Care  
One Ravinia Drive

City State Zip Code  
Atlanta GA 30346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SavaSenior Care

Occupation  
Healthcare LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2011

Transaction ID : C1422519

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Richard Herrick

Mailing Address 33 Elk Street

City State Zip Code  
Albany NY 12207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NYS Health Facilities Association

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2011

Transaction ID : C1433981

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jane Hibbard-Merrill**

Mailing Address Gulford St PO Box 159

City State Zip Code  
Dover-Foxcroft ME 04426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hibbard Nsg Hm

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2011

**Transaction ID : C1452548**

Amount of Each Receipt this Period

330.00

Full Name (Last, First, Middle Initial)

**B. Robin L. Hillier**

Mailing Address 22 Parrish Road

City State Zip Code  
Conneaut OH 44030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RLH Consulting

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2011

**Transaction ID : C1433982**

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**C. Brian Holloway**

Mailing Address 1001 Center Street

City State Zip Code  
Little Egg Harbor NJ 08087-1364

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Seacrest Village

Occupation

Owner/President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2011

**Transaction ID : C1433988**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2080.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jerry Holloway**

Mailing Address 17011 Beach Blvd  
Ste 1130

City State Zip Code  
Huntington Beach CA 92647-7402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anberry Rehabilitation Hospital

Occupation

Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2011

**Transaction ID : C1433989**

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**B. Jeffrey N Hyatt**

Mailing Address 701 N. 39th Avenue

City State Zip Code  
Selah WA 98902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hyatt Family Facilities

Occupation

SNF AL Owner Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2011

**Transaction ID : C1431129**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Jeffrey N Hyatt**

Mailing Address 701 N. 39th Avenue

City State Zip Code  
Selah WA 98902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hyatt Family Facilities

Occupation

SNF AL Owner Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2011

**Transaction ID : C1433990**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Douglas Johnson**

Mailing Address 1501 42nd Street

City State Zip Code  
 West Des Moines IA 50266-1005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Hawkeye Care Centers, Inc.

Occupation  
 President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 03 / 2011

**Transaction ID : C1422543**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Richard Kase**

Mailing Address 5125 Pine Rocklands Avenue

City State Zip Code  
 Lithia FL 33547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Cypress Healthcare

Occupation  
 President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4175.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2011

**Transaction ID : C1426121**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Richard Kase**

Mailing Address 5125 Pine Rocklands Avenue

City State Zip Code  
 Lithia FL 33547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Cypress Healthcare

Occupation  
 President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4175.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2011

**Transaction ID : C1433993**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 OF 60

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kelley Kash**

Mailing Address 5 Community Drive

City

Augusta

State

ME

Zip Code

04330

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maine Veterans' Homes

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 06 / 2011

Transaction ID : C1426122

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Gary Kelso**

Mailing Address 10331 E Highway 39

City

Huntsville

State

UT

Zip Code

84317-9670

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mission Health Services

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

10 / 03 / 2011

Transaction ID : C1422518

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Frederick Kessler**

Mailing Address Strawbridge Road, PO Box 32

City

Northumberland

State

PA

Zip Code

17857-0032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nottingham Village

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

10 / 06 / 2011

Transaction ID : C1426161

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cheryl Killian**

Mailing Address 3801 Woodside Dr

City  
Arlington

State  
TX

Zip Code  
76016-3030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Legacy Care Centers Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2011

**Transaction ID : C1454764**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Brett Klausman**

Mailing Address 5804 SW 44th Ct.

City  
Topeka

State  
KS

Zip Code  
66610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Midwest Health

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2011

**Transaction ID : C1426882**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Bradford Klitsch**

Mailing Address 222 W. Aster Lane

City  
Mequon

State  
WI

Zip Code  
53092

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Direct Supply

Occupation

VP Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2011

**Transaction ID : C1426152**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

625.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Anthony Krieg**

Mailing Address 472 Kaulana St

City

Kahului

State

HI

Zip Code

96732-2050

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hale Makua

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2011

**Transaction ID : C1422536**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Anthony Krieg**

Mailing Address 472 Kaulana St

City

Kahului

State

HI

Zip Code

96732-2050

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hale Makua

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2011

**Transaction ID : C1454367**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. David Kylo**

Mailing Address 4621 28th Road South

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Center for Assisted Living

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

930.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2011

**Transaction ID : C1423880**

Amount of Each Receipt this Period

39.56

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

289.56

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David Kylo**

Mailing Address 4621 28th Road South

City State Zip Code  
Arlington VA 22206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Center for Assisted Living

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

930.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2011

**Transaction ID : C1450724**

Amount of Each Receipt this Period

39.56

Full Name (Last, First, Middle Initial)

**B. David LaLumia**

Mailing Address 12761 South Wacousta Road

City State Zip Code  
Eagle MI 48822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Association of Michigan

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2011

**Transaction ID : C1422542**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Roy LeNeave Sr.**

Mailing Address 2038 Stonemill Drive

City State Zip Code  
Salem VA 24153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American HealthCare LLC

Occupation  
Vice President - Engineering

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2011

**Transaction ID : C1449318**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

639.56

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Todd Mackenzie**

Mailing Address 24 Canyon Creek Drive

City State Zip Code  
 Wimberley TX 78676

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Remington Medical Resort of San Antoni

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 17 2011

Transaction ID : C1434004

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

## **B. Greg Madson**

Mailing Address 1782 NW Wonderview Avenue

City State Zip Code  
 Gresham OR 97030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Village Health Care

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 27 2011

Transaction ID : C1454769

Amount of Each Receipt this Period

435.00

Full Name (Last, First, Middle Initial)

## **C. Patrick Martone**

Mailing Address 26 North Broadway

City State Zip Code  
 Schenectady NY 12305-1932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hallmark Nursing Centre Inc.

Occupation

Administrator and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 17 2011

Transaction ID : C1434008

Amount of Each Receipt this Period

625.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1135.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Christian Mason**

Mailing Address 15467 Union School Road

City State Zip Code  
 Woodburn OR 97071

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Senior Housing Managemnet LLC

Occupation  
 President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 03 2011

**Transaction ID : C1422516**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Christian Mason**

Mailing Address 15467 Union School Road

City State Zip Code  
 Woodburn OR 97071

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Senior Housing Managemnet LLC

Occupation  
 President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 17 2011

**Transaction ID : C1434011**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**c. Debbie McLarty**

Mailing Address 101 Sun Avenue NE

City State Zip Code  
 Albuquerque NM 87109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Sun Health Care Group, Inc

Occupation  
 Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 17 2011

**Transaction ID : C1434012**

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Thad McLaurin**

Mailing Address P. O. Box 1677

City State Zip Code  
 Ridgeland MS 39158

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Orchard

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2011

**Transaction ID : C1453175**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Jill Menden**

Mailing Address 2151 Calle Poco

City State Zip Code  
 El Cajon CA 92019-3540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lightbridge Hospice

Occupation

LTC Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2011

**Transaction ID : C1434014**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Nicolette Merino**

Mailing Address 25117 SW Parkway

City State Zip Code  
 Wilsonville OR 97070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Avamere Health Services

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 03 / 2011

**Transaction ID : C1422532**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 OF 60

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard Miller**

Mailing Address 3201 Vista Verde Ln SW

City

Tumwater

State

WA

Zip Code

98512-1444

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Washington Health Care Association

Occupation

Executive Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1887.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2011

Transaction ID : C1434031

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. V. Richard Miller**

Mailing Address 2849 Spanish River Road

City

Boca Raton

State

FL

Zip Code

33432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2011

Transaction ID : C1434032

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**C. Steve Moore**

Mailing Address 2749 East Covenanter

City

Bloomington

State

IN

Zip Code

47401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarDon & Associates

Occupation

Executive

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2011

Transaction ID : C1426056

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael Morton**

Mailing Address 415 Rogers Avenue

City

Fort Smith

State

AR

Zip Code

72901-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Arkansas Nursing Centers

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2011

**Transaction ID : C1498562**

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**B. Renee Lynn Naylor**

Mailing Address 3155 River Road South

City

Salem

State

OR

Zip Code

97302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Westcare Management, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2011

**Transaction ID : C1426154**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Michael A Newton**

Mailing Address 6937 Warfield Avenue

City

Sykesville

State

MD

Zip Code

21784

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nexion Health

Occupation

Director of Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2011

**Transaction ID : C1422527**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 OF 60

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tony E Oglesby**

Mailing Address PO Box 350

City

Benton

State

TN

Zip Code

37307-0350

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SavaSenior Care

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2011

**Transaction ID : C1434036**

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**B. Joe Okruhlica**

Mailing Address 1155 Eastern Pkwy

City

Louisville

State

KY

Zip Code

40217-1401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Parkway Medical Center

Occupation

Owner/Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2011

**Transaction ID : C1434038**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Julie Painter**

Mailing Address 3614 Connecticut Ave NW  
Apt 22

City

Washington

State

DC

Zip Code

20008-2436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Senior Director of Constituency Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.34

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2011

**Transaction ID : C1423881**

Amount of Each Receipt this Period

11.54

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1511.54

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Julie Painter**

Mailing Address 3614 Connecticut Ave NW  
Apt 22

City Washington State DC Zip Code 20008-2436

FEC ID number of contributing federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Senior Director of Constituency Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.34

Date of Receipt

10 / 19 / 2011

Transaction ID : C1450725

Amount of Each Receipt this Period

11.54

Full Name (Last, First, Middle Initial)

**B. Mark Parkinson**

Mailing Address 8930 Harvest Square Ct

City Potomac State MD Zip Code 20854-4475

FEC ID number of contributing federal political committee.

C

Name of Employer

American Healthcare Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

10 / 17 / 2011

Transaction ID : C1434052

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**C. Stacy Parkinson**

Mailing Address 8930 Harvest Square Ct

City Potomac State MD Zip Code 20854-4475

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

10 / 17 / 2011

Transaction ID : C1434054

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2511.54

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Rich Pell**

Mailing Address 9705 Redamar Drive

City State Zip Code  
Hagerstown MD 21740

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Genesis Health Care

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2011

Transaction ID : C1498567

Amount of Each Receipt this Period

366.00

Full Name (Last, First, Middle Initial)

**B. Russell V Peterson**

Mailing Address 5281 Ventura Dr

City State Zip Code  
Fremont NE 68025-9779

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nye Senior Living

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2011

Transaction ID : C1434059

Amount of Each Receipt this Period

137.50

Full Name (Last, First, Middle Initial)

**C. Wade Peterson**

Mailing Address 201 14th Street NW

City State Zip Code  
Mandan ND 58554-2063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MedCenter One Care Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2011

Transaction ID : C1426101

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

603.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Wade Peterson**

Mailing Address 201 14th Street NW

City State Zip Code  
Mandan ND 58554-2063

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MedCenter One Care Center

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2011

**Transaction ID : C1434058**

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

## **B. Scott Pilgrim**

Mailing Address Diakonos Group, LLC  
PO Box 990

City State Zip Code  
Edmond OK 73083-0990

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Diakonos Group

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2011

**Transaction ID : C1426099**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. Martin Porter**

Mailing Address 221 C Street NW

City State Zip Code  
Ardmore OK 73401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LTC Management Company

Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2011

**Transaction ID : C1422522**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

262.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John Pritz**

Mailing Address One Medline Place

City State Zip Code  
Mundelein IL 60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medline Industries

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.01

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2011

**Transaction ID : C1434060**

Amount of Each Receipt this Period

73.34

Full Name (Last, First, Middle Initial)

**B. Mebane Pruitt**

Mailing Address 4275 NE Lakehaven Drive

City State Zip Code  
Atlanta GA 30319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2011

**Transaction ID : C1434062**

Amount of Each Receipt this Period

1666.66

Full Name (Last, First, Middle Initial)

**C. Neil L. Pruitt Jr.**

Mailing Address 4275 Lakehaven Dr NE

City State Zip Code  
Atlanta GA 30319-1135

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UHS-Pruitt Corporation, Inc.

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2011

**Transaction ID : C1434061**

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2990.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sharon Purvis**

Mailing Address 7805 Sycamore Drive

City State Zip Code  
 Falls Church VA 22042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 American Health Care Association

Occupation  
 Senior Director, Vendor Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 03 / 2011

**Transaction ID : C1423883**

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

**B. Sharon Purvis**

Mailing Address 7805 Sycamore Drive

City State Zip Code  
 Falls Church VA 22042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 American Health Care Association

Occupation  
 Senior Director, Vendor Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2011

**Transaction ID : C1450727**

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

**C. Sally Rapp**

Mailing Address 3308 Ocean Bld  
 # 280

City State Zip Code  
 Corona Del Mar CA 92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 SR Management Svcs. Inc.

Occupation  
 CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2011

**Transaction ID : C1452549**

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1269.24

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard Rau**

Mailing Address 3876 S. Oakbrook Dr.

City State Zip Code  
 Greenfield WI 53228-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Clement Manor Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

612.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 03 / 2011

**Transaction ID : C1422521**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Richard Rau**

Mailing Address 3876 S. Oakbrook Dr.

City State Zip Code  
 Greenfield WI 53228-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Clement Manor Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

612.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2011

**Transaction ID : C1454368**

Amount of Each Receipt this Period

137.50

Full Name (Last, First, Middle Initial)

**C. Stephen Reissman**

Mailing Address 5120 W Goldleaf Circle  
 Suite 400

City State Zip Code  
 Los Angeles CA 90056-1297

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Country Villa Health Services

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2011

**Transaction ID : C1498630**

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2737.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 43 OF 60

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Frank Romano**

Mailing Address 61 Summer Street

City

Rowley

State

MA

Zip Code

01969-1835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Essex Group

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

10 / 17 / 2011

Transaction ID : C1434064

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**B. Robert Rotolo**

Mailing Address 529 Pear Orchard

City

Ridgeland

State

MS

Zip Code

39157

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harahan Guest House

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

10 / 03 / 2011

Transaction ID : C1422528

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Leonard Russ**

Mailing Address 40 Keogh Lane

City

New Rochelle

State

NY

Zip Code

10805-1308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bayberry Nursing Home

Occupation

Owner/Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

10 / 17 / 2011

Transaction ID : C1434068

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Shelley Sabo**

Mailing Address 6360 Tisbury Dr

City State Zip Code  
Burke VA 22015-4061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Center for Assisted Living

Occupation  
Director Assisted Living

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2011

**Transaction ID : C1423884**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Shelley Sabo**

Mailing Address 6360 Tisbury Dr

City State Zip Code  
Burke VA 22015-4061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Center for Assisted Living

Occupation  
Director Assisted Living

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2011

**Transaction ID : C1450728**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Jesse Samples**

Mailing Address 451 Truman Rd

City State Zip Code  
Franklin TN 37064-8322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tennessee Health Care Association

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2011

**Transaction ID : C1431121**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

270.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 45 OF 60

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeff Schade**

Mailing Address 2532 West Cadillac Drive  
PO Box 579

City State Zip Code  
Farwell MI 48622-9757

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Peplinski Group Inc.

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2011

**Transaction ID : C1422531**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Michael Scharfenberger**

Mailing Address 7265 Kenwood Road  
# 300

City State Zip Code  
Cincinnati OH 45236-4414

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nursing Care Management

Occupation

Exec Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2011

**Transaction ID : C1498560**

Amount of Each Receipt this Period

137.50

Full Name (Last, First, Middle Initial)

**c. Floyd Schlossberg**

Mailing Address 4200 W Peterson Ave  
# 140

City State Zip Code  
Chicago IL 60646-6819

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Alden Management Inc

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2011

**Transaction ID : C1498637**

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2737.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Ina Schlossberg**

Mailing Address 4200 W Peterson Ave  
# 140

City State Zip Code  
Chicago IL 60646-6819

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Alden Enterprises

Occupation

Special Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2011

**Transaction ID : C1498638**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B. Christopher Schmidt**

Mailing Address 8024 Westchester Place

City State Zip Code  
Montgomery AL 36117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Schmidt Wallace Healthcare

Occupation

Owner/Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2011

**Transaction ID : C1453171**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **c. Jerry Schroer Jr.**

Mailing Address 1608 Muirfield NW

City State Zip Code  
Canton OH 44708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Altercare

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2011

**Transaction ID : C1422544**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Shawn Scott**

Mailing Address 8106 Boulder Ct.

City State Zip Code  
 Long Grove IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medline Industries

Occupation

VP, Healthcare Corporate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 17 2011

**Transaction ID : C1434133**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dion Sena**

Mailing Address 1301 NorthEast 104th Street

City State Zip Code  
 Miami Shores FL 33138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Stellar Health Properties LLC

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 12 2011

**Transaction ID : C1431124**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Louis Serra**

Mailing Address 2525 Pennsylvania Ave

City State Zip Code  
 Weirton WV 26062-3634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Weirton Geriatric Center

Occupation

Owner/Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 19 2011

**Transaction ID : C1451962**

Amount of Each Receipt this Period

550.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jennifer Shimer**

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code  
 Fairfax VA 22031-4720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 American Health Care Association

Occupation  
 COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.34

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 03 2011

**Transaction ID : C1423885**

Amount of Each Receipt this Period

11.54

Full Name (Last, First, Middle Initial)

**B. Jennifer Shimer**

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code  
 Fairfax VA 22031-4720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 American Health Care Association

Occupation  
 COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.34

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 19 2011

**Transaction ID : C1450729**

Amount of Each Receipt this Period

11.54

Full Name (Last, First, Middle Initial)

**C. Doug Shuck**

Mailing Address 6625 Rosalind Lane

City State Zip Code  
 Anderson IN 46013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Covenant Care

Occupation  
 VP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 05 2011

**Transaction ID : C1425930**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

523.08



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert Siebel**

Mailing Address 13185 W Great Mountain Drive

City State Zip Code  
 Lakewood CO 80228-3512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Carriage Healthcare Companies, Inc.

Occupation  
 President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2011

Transaction ID : C1434140

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**B. Matthew D. Smyth**

Mailing Address 2405 I St NW

City State Zip Code  
 Washington DC 20037-2206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 American Health Care Association

Occupation  
 Director of Grassroots

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 03 / 2011

Transaction ID : C1423887

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

**c. Matthew D. Smyth**

Mailing Address 2405 I St NW

City State Zip Code  
 Washington DC 20037-2206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 American Health Care Association

Occupation  
 Director of Grassroots

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2011

Transaction ID : C1450730

Amount of Each Receipt this Period

19.24

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1288.48

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 50 OF 60

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. David Stallard**

Mailing Address 1305 West Causeway Approach  
#212

City State Zip Code  
Mandeville LA 70471

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Covington Suites

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2011

**Transaction ID : C1434141**

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

## **B. Dick Stebbins**

Mailing Address 600 E Whaley St

City State Zip Code  
Longview TX 75601-6525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Stebbins Five Companies

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2011

**Transaction ID : C1423868**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C. Mike Tawater**

Mailing Address One Medline Place

City State Zip Code  
Mundelein IL 60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medline HealthCare Company

Occupation

LTC Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2011

**Transaction ID : C1434142**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dixie Taylor-Huff**

Mailing Address 932 East Baddour Parkway

City State Zip Code  
 Lebanon TN 37087-3707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Quality Care Health Center

Occupation

Administrator/Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 17 2011

**Transaction ID : C1434144**

Amount of Each Receipt this Period

1875.00

Full Name (Last, First, Middle Initial)

**B. Harvey Tettlebaum**

Mailing Address 56295 Little Moniteau Road

City State Zip Code  
 California MO 65018-3069

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Husch & Eppenberger, LLC

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 06 2011

**Transaction ID : C1426115**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Michael Torgan**

Mailing Address 5120 West Goldleaf Circle  
 # 400

City State Zip Code  
 Los Angeles CA 90056-1297

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Country Villa Health Services

Occupation

Vice President, Customer Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 17 2011

**Transaction ID : C1434145**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2475.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Peter Van Runkle**

Mailing Address 7460 Tottenham Pl

City State Zip Code  
 New Albany OH 43054-9443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Health Care Association

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 03 2011

Transaction ID : C1422525

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. Brett Waters**

Mailing Address 2416 Mesa St.

City State Zip Code  
 Idaho Falls ID 83401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Beginnings Community Living Home

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 03 2011

Transaction ID : C1422529

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. Brett Waters**

Mailing Address 2416 Mesa St.

City State Zip Code  
 Idaho Falls ID 83401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Beginnings Community Living Home

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 17 2011

Transaction ID : C1434148

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Barton D. Weisman**

Mailing Address 5310 NW 33rd Ave  
Ste 211

City State Zip Code  
Ft Lauderdale FL 33309-6319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Weisman Associates

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2011

**Transaction ID : C1454768**

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**B. James R. Westbury Sr.**

Mailing Address 922 McDonough Road

City State Zip Code  
Jackson GA 30233-1522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Westbury Medical Care Home Inc

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2011

**Transaction ID : C1450732**

Amount of Each Receipt this Period

366.67

Full Name (Last, First, Middle Initial)

**C. Nile Whitney**

Mailing Address 4700 Village Green Drive

City State Zip Code  
El Dorado Hills CA 95762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medline Industries

Occupation  
LTC Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 19 / 2011

**Transaction ID : C1450717**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1641.67

**TOTAL** This Period (last page this line number only)..... ►

68483.97

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 60

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Advance Arkansas PAC**

Mailing Address PO Box 344

City Prescott	State AR	Zip Code 71857-0344
------------------	-------------	------------------------

Purpose of Disbursement  
Voided Contribution of 8/5/2010

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2011

Transaction ID : D119971

Amount of Each Disbursement this Period

-2500.00
----------

Full Name (Last, First, Middle Initial)

**B. CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAMPAC)**

Mailing Address 5915 Eastman Avenue Suite 100

City Midland	State MI	Zip Code 48640
-----------------	-------------	-------------------

Purpose of Disbursement  
Contributions to Federal Committees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

Transaction ID : D120773

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. ADRIAN SMITH FOR CONGRESS**

Mailing Address 3321 Avenue I

City Scottsbluff	State NE	Zip Code 69361
---------------------	-------------	-------------------

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name

Rep. Adrian Smith

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NE District: 03

Disbursement For: 2012	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2011

Transaction ID : D120684

Amount of Each Disbursement this Period

2500.00
---------

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00
---------

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 60

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. COMMITTEE TO ELECT CHRIS MURPHY**

Mailing Address P.O. Box 127

City	State	Zip Code
Cheshire	CT	06410

Purpose of Disbursement  
Voided Contribution of 3/17/2010

Candidate Name

**Rep. Christopher S. Murphy**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
----------------	--	--

State: CT District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2011

**Transaction ID : D119969**

Amount of Each Disbursement this Period

-1500.00
----------

Full Name (Last, First, Middle Initial)

**B. BLUMENAUER FOR CONGRESS**

Mailing Address 830 NE Holladay, #105

City	State	Zip Code
Portland	OR	97232

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name

**Rep. Earl Blumenauer**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
----------------	--	--

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2011

**Transaction ID : D120143**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. CANTOR FOR CONGRESS**

Mailing Address P. O. Box 17813

City	State	Zip Code
Richmond	VA	23226

Purpose of Disbursement  
Voided Contribution of 6/13/2011

Candidate Name

**Rep. Eric Cantor**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
----------------	--	--

State: VA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2011

**Transaction ID : D119975**

Amount of Each Disbursement this Period

-1000.00
----------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00
------

--

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Health Care Association Political Action Committee

### A. BOYD FOR CONGRESS

M M / D D / Y Y Y Y  
10 07 2011

Transaction ID : D119970

Rep. F. Allen Boyd Jr.

Category/  
Type

Disbursement For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

State: FL District: 02

Full Name (Last, First, Middle Initial)

## B. FRIENDS OF GLENN THOMPSON

Mailing Address PO Box 1112

Date of Disbursement

MM / DD / YYYY

City	State	Zip Code
State College	PA	16804

Transaction ID : D120750

Purpose of Disbursement
Contributions to Federal Candidates

Amount of Each Disbursement this Period

Candidate Name

Rep. Glenn Thompson

Category/  
Type

Office Sought:	<input checked="checked" type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2012

☒ Primary ☐ General

☐ Other (specify) ▼

State: PA District: 05

Full Name (Last, First, Middle Initial)

### C. MATHESON FOR CONGRESS

Date of Disbursement

Mailing Address P.O. BOX 521048

City	State	Zip Code
SALT LAKE CITY	UT	84152

Transaction ID : D119899

Purpose of Disbursement
Contributions to Federal Candidates

Amount of Each Disbursement this Period

Candidate Name

Rep. Jim Matheson

Category/  
Type

Office Sought:	<input checked="" type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2012

☒ Primary ☐ General

☐ Other (specify) ▼

State: UT District: 02

**SUBTOTAL** of Disbursements This Page (optional).....

2500.00

**TOTAL** This Period (last page this line number only).....

\_\_\_\_\_



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 57 OF 60

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. RE-ELECT MCGOVERN COMMITTEE**

Mailing Address PO Box 60405

City  
WorcesterState  
MAZip Code  
01606Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name

**Rep. Jim McGovern**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2011

**Transaction ID : D120752**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. MARY BONO MACK COMMITTEE**

Mailing Address PO Box 3370

City  
Palm SpringsState  
CAZip Code  
92263Purpose of Disbursement  
Voided Contribution of 4/18/2011

Candidate Name

**Rep. Mary Bono Mack**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 45

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2011

**Transaction ID : D119974**

Amount of Each Disbursement this Period

-1500.00
----------

Full Name (Last, First, Middle Initial)

**C. MIKE PENCE COMMITTEE**

Mailing Address P. O. Box 408

City  
AndersonState  
INZip Code  
46015Purpose of Disbursement  
Voided Contribution of 9/9/2010

Candidate Name

**Rep. Mike Pence**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2011

**Transaction ID : D119972**

Amount of Each Disbursement this Period

-4000.00
----------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-4500.00
----------

--

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 58 OF 60

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MIKE ROSS FOR CONGRESS COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2011

Mailing Address PO Box 360

City	State	Zip Code
Prescott	AR	71857

Transaction ID : D119976

Purpose of Disbursement  
Voided Contribution of 7/19/2011

Amount of Each Disbursement this Period

Candidate Name

Rep. Mike Ross

Category/  
Type

-5000.00
----------

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: AR	District: 04	

Full Name (Last, First, Middle Initial)

**B. NITA LOWEY FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2011

Mailing Address PO Box 271

City	State	Zip Code
White Plains	NY	10605

Transaction ID : D119973

Purpose of Disbursement  
Voided Contribution of 10/22/2010

Amount of Each Disbursement this Period

Candidate Name

Rep. Nita M. Lowey

Category/  
Type

-1000.00
----------

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NY	District: 18	

Full Name (Last, First, Middle Initial)

**C. KING FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2011

Mailing Address 116 N Main St.

City	State	Zip Code
Early	IA	50535

Transaction ID : D120751

Purpose of Disbursement  
Contributions to Federal Candidates

Amount of Each Disbursement this Period

Candidate Name

Rep. Steve King

Category/  
Type

1000.00
---------

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: IA	District: 05	

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

-5000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 59 OF 60

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. KANSANS FOR HUELSKAMP**

Mailing Address PO Box 410

City	State	Zip Code
Fowler	KS	67844

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name

**Rep. Tim Huelskamp**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2011

**Transaction ID : D120683**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. GRAVES FOR CONGRESS**

Mailing Address PO Box 701

City	State	Zip Code
Gainesville	GA	30503

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name

**Rep. Tom Graves**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2011

**Transaction ID : D120685**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. VERN BUCHANAN FOR CONGRESS**

Mailing Address P. O. Box 48928

City	State	Zip Code
Sarasota	FL	34230

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name

**Rep. Vern Buchanan**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2011

**Transaction ID : D119900**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00
---------

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 60 OF 60

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FEINSTEIN FOR SENATE**

Mailing Address 1212 S VICTORY BLVD

City	State	Zip Code
BURBANK	CA	91502

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name

**Sen. Dianne Feinstein**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2011

**Transaction ID : D120026**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. PAT ROBERTS FOR U S SENATE INC**

Mailing Address PO BOX 433

City	State	Zip Code
GREAT BEND	KS	67530

Purpose of Disbursement  
Voided Contribution of 7/28/2011

Candidate Name

**Sen. Pat Roberts**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2011

**Transaction ID : D119977**

Amount of Each Disbursement this Period

-2500.00
----------

Full Name (Last, First, Middle Initial)

**C. TOMMY THOMPSON FOR SENATE INC**

Mailing Address PO BOX 2539

City	State	Zip Code
Madison	WI	53701

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name

**Tommy Thompson**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2011

**Transaction ID : D120753**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-500.00
---------

4500.00
---------